



Department of
Finance
Taxation and
Property Records

Application for a Tobacco Retail Vendor's License

(Pursuant to the Tobacco Tax Act R.S.P.E.I. 1988)

Mail to:

Department of Finance,
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8

Deliver to:

95 Rochford Street
Shaw Building, 1st Floor South
Charlottetown, PE C1A 3T7
or: any Access PEI Centre

Tel: (902) 368 4070; Fax: (902) 368 6164

Website: www.princeedwardisland.ca

Email: taxandland@gov.pe.ca

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Section A – General Information

Applicant's Legal Name: _____

Civic Address: _____

Mailing Address: _____

City or Town: _____

Province: _____

Postal Code: _____

Phone No.: _____

Fax No.: _____

Email: _____

Trade or Business Name (if different than above): _____

Civic Address: _____

Mailing Address: _____

City or Town: _____

Province: _____

Postal Code: _____

Phone No.: _____

Fax No.: _____

Email: _____

Section B – Business Information

1. Type of Ownership:

Proprietorship Partnership Corporation Other (specify) _____

2. List Full Name(s), Titles(s), Address(es) and Phone Number(s) of Proprietors/Partners or Principal Officers (attach supplementary list, if required).

Name and Title	Address	Phone No.	% Ownership

3. Location of Records: _____

4. Name of Person Responsible for Records: _____

Phone No.: _____

Email: _____

5. Give a short description of your company's activity relating to tobacco products:

6. How many tobacco outlets do you operate? _____

Name & civic address of each outlet:

(1) _____
(2) _____

(Attach a separate list if required)

7. Names and addresses of tobacco suppliers (attach separate list if required):

8. Sales Information - for each retail outlet (Attach a separate list if required)

	No. of cigarettes	No. of cigars	Other (grams)
PEI sales last 12 months	_____	_____	_____
Estimated PEI sales next 12 months	_____	_____	_____

9. Have you purchased on ongoing business Yes No; If yes, please provide name and contact information of previous owner: _____

10. Have you contacted the Department of Health and Wellness and has your business received signage and approval from the Environmental Health Section ?

Date of Inspection: _____ Signage issued: Yes No

11. Please provide your Federal Business Number (BIN) _____

12. Does your business currently have a tobacco tax account with the Province of Prince Edward

Tobacco Tax Account Number _____

Section C – Certification

The applicant named above hereby makes application for a retail vendors license issued under the *Tobacco Tax Act* and agrees to accept the responsibilities as set out in the Act and the *Revenue Administration Act* and associated regulations.

The applicant grants permission for the release of information to the Department of Health and Wellness for the administration of the *Tobacco and Electronic Smoking Devices Sales and Access Act* and Regulations,

I certify, to the best of my knowledge and belief, that the above information is correct. I also understand that the information on this form will be used for purposes of tax administration and enforcement pursuant to Section 20 of the *Revenue Administration Act*.

Name

Title

Signature

Date

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Telephone